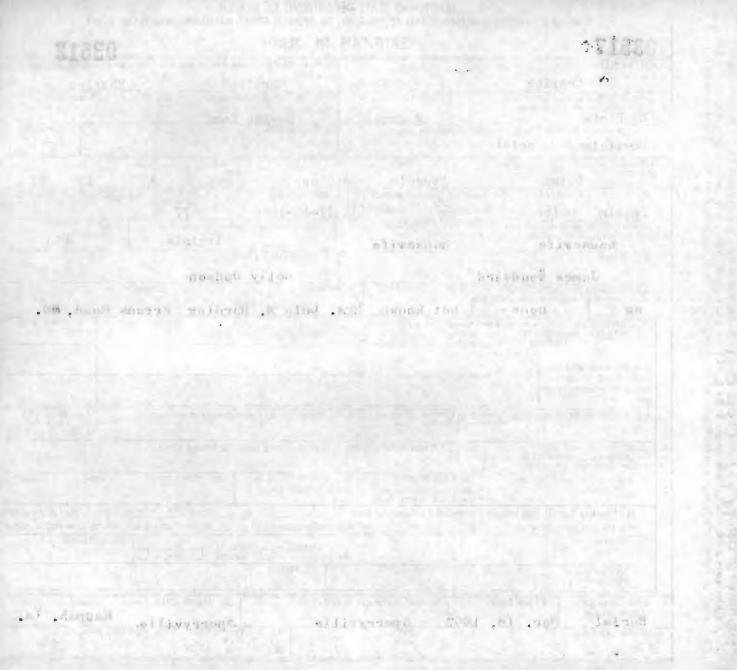
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03517 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Charles Maryland MARYLAND **Uharles** requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata Bryans Road 2 days e. IS RESIDENCE and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Physicians Memorial YES NO 3. NAME OF 4. DATE Middle Lost Month Doy Year First remove carbon DECEASED OF DEATH vent, Francis Atkins 15 1967 Daisy (Type or print) S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours DIVORCED 12-15-1889 WIDOWED 35 female white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA during most of working life, even if retired)
housewife INDUSTRY pleose Virginia housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Molly Dodson James Woodward 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown). If If yes give wor or dates of service signed by the atter buriof-tronsit permit buriof, cremation, a Mrs. Lula M. Harding Bryans Road, Md. ne none hot known INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY ANORUNG IMMEDIATE CAUSE (a) ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the prior to b hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use Health p not in her hours YES | NO F 0 O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital or for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200, ACCIDENT WAS UNDERLYING be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or fown) (Stote) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 190 /, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 31 13 19 6 L. ta 0/15 director, page 3 should should be filed with the 1967 and that death accurred at 2.79 M, fram causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 6 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EIRA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Va. Rappah. 250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE 1967 EHNPRAL DIRECTOR Merries VR A15 (4) 20 M 1/66 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 93518CERTIFICATE OF DEATH The saw requires that the death certificate be executed within 24 haurs after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Charles b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) La Plata Plata d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS Physicians Memorial Hosp. YES NO X 3. NAME OF Middle 4. DATE First Manth DECEASED OF DEATH MARY BARNES M. (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** birthday) Months Hours Doys Nov. 18, 1904 Negro WIDOWED X DIVORCED rem 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA during most of working life, even if retired) INDUSTRY Charles Co., Md. 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME Edward Smallwood Mary Queen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address James Barnes Oak Ave. La Plata Md cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (b), and (s) signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO WAS AUTOPSY PERFORMED? HIBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO for 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While of work 19\_\_\_, that (1) (we) last 21. I certify that (1) this hospital) attended the deceased from director, page 3 arrachould be filed with the St saw the decased dive-on \_, and that death occurred at, M, from causes and on the date stated abave. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type La Plata, Maryland E.J.EDELEN. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Burial Burial Holv Ghost B = 30 = 67Issue Charles Co. Md 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Archart Funeral Home, Inc., La Plata, Md.

The same of the sa 81880 81350 THE RESERVE TO THE PARTY OF THE 

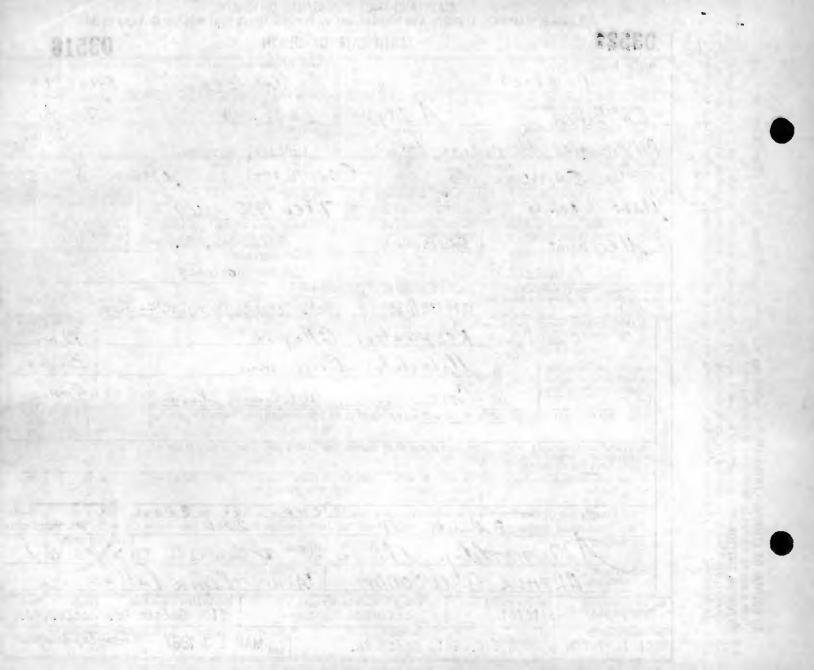
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03519 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03514 FOR STATE HEALTH-DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY any delay is 2, and 3 ta CHARLES MARYLAND Maryland Charles b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 2, o. P.M3 Waldorf WALDORF pages Tand 2 with the State Depart d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with farm 00 MARYLAND YES NO V Item 18. Give Pages 24 haurs after death. 3. NAME OF Middle lost 4. DATE Doy Year DECEASED GLADYS (Type or print) M. BRADSHAW DEATH 14 67 S. SEX 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDOWED DIVORCED Female White FEB. 15, 1903 64 yrs. 72 hours after deat 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY ? .<u>=</u> the Chief Medical Examiner's Proof Reader-Ret. S. Govern. Raleigh N.C. A PIT pencil 13. FATHER'S NAME be executed within File NEIL H. MUNDSS ROSELEE SNIPES .⊑ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. WATTORF.Md. (Yes, no, or unknown) (If yes give war or dates of service) pending within Ernest M. Bradshaw.Rt.1.Box 287A 240-07-1317 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH any event Ingested overdose of barbiturate IMMEDIATE CAUSE (o) 9702 writing the ward This certificate should DUE TO Conditions, if ony, which gove (b) ta rise to immediate couse (a). = DUE TO stoting the underlying couse 0 please execute the certificate, writing in pup lost. (E) WAS AUTOPSY PERFORMED? cremation, mr remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o. EXTERNAL CAUSE WAS PRIMAR YEAR OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH Had been in ill health - Ingested overdose of barbiturate Be tweenwar all the andreor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) foctory, street, office bldg., etc.) Not While of work While D.m. 3-14-1967 of work Waldort Charles Md. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry | and in my apinian death resulted fram: Accident . Suicide X. Hamicide Natural causes Undetermined manner the funeral directar DIRECT be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER 3-15-67 **EXAMINER'S** may NAME (Type) Address (Street, city, town, or county) RUSSELL S. FISHER, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (Stote) 0 Burial (Specify) 3-18-67 N.C. MONTILAWN RALEIGH 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15ME (5) Charles 1967 6M 1/67

Arehart Funeral Home Inc., La Plata, Md.

MARYIAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03521 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ARLES MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, outside corporate limits, write RURAL and give nearest town) RURAD and give neorest town) 206 IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Pain 72 YES NO P LaPlata. Maruland NAME OF Middle 4 DATE Month Doy Year DECEASED ORNBLATT SAMUEL ð 19 6 ent, (Type or print) DEATH SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Doys Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Store, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Y COODS COUNTRY? Baltimore. Md. erchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Buchinsky Cornblatt Wolf 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, of unknown) [(If yes give wor or dates of service) Mrs. Celeste Cornblatt -- Same 219/32/0328 18. CAUSE OF DEATH (Enter only one couse per lipe to) (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse by the haspital ar attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS' PERFORMED? YES NO F fa 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) Not While foctory, street, office bldg., etc.) of work pe-21. I certify that (1) (this hospital) attended the deceased from OCH ber, 1966, to 8 March , 1967, that (1) (we) last 1967, and that death accurred at 2126 M, from causes and an the date stated above. saw the deceased alive an\_ March 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) director, 236. DATE THEREOF 3/10/67 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) BEMPYAL (Specify) Baltimore Hebrew 2100 Belair Rd. Balto. Md. ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 & BROS INC. 6010 Reist Rd.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) 1 PLACE OF DEATH a COUNTY a STATE 0 a Poge hare MARYLAND ò b CITY OR TOWN ( f autside corporate lim ts c LENGTH OF STAY IN 1b c CTY OR TOWN (If autside carporate limits, write RURA, and give nearest town) ond d NAME OF HDSPITAL OR INSTITUTION (f not in haspital, give street address) S RESIDENCE d STREET ADDRESS orang with form Stote 8 Give Poges YES NO NAME OF First Middle DATE Month Day Year DECEASED OF ndel 67 19 Type of print DEATH AGE (In years FUNDER 24 HRS 6 CDLOR OR RACE 7 MARRIED NEVER MARR ED DATE OF BIRTH IF UNDER 1 YEAR lost birthday) Manths Days Haurs W DOWED and 2 event within 72 hours after death Office Y85. 10a USUAL DCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY vone. .= Exom ner's None pencil 13 FATHER'S NAME 4 MOTHER'S MAIDEN NAME File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service 16 SOCIAL SECUR TY NO 17 INFORMANT Chief Medical 1B CAUSE OF DEATH (Enter only one cause per line to NTERVAL BETWEEN burnol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should writing the ward DUE TO any Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause used WAS AUTOPS' removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a EXTERNAL CAUSE WAS PRIMARY ENTROPE ON TR BUTING □ 20th DESCRIPTION INTIRY OF C. RRED (Enter nature of P 3 shall CAUSE OF DEATH crematian, 20e PLACE OF INJURY (Home, form NJURY Manth Day Year fary, street office b dg etc) Not While FUNERAL DIRECTOR: P 21. I certify that I took charge remains described obove held on Autopsy inspection 🗸 ond in my or inton deoth resulted from Suicide / Hom+cide Undetermined monner the funeral director be retained CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED Heofth priar SIGNATURE **EXAMINER'S** Address (Street city town, or coun 0 -REMOVAL (Specify) 256 REG STRAR S SIGNATULE 24 E. NEXAL DIRECTOR VR A 15ME (S) 6M 1/67



(5)	Division of STATI	MAKTLAND STATE DEP STICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, B	H ALTIMORE, MARYLAND 21	201
	03523	CERTIFICATE		03	1512
dead	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased tived, if institution. Resider	nce before admission)
er d	O. COUNTY CHARLES	MARYLAND	O STATE MARVE	D b. COUNTY CA	HARLES
	b CITY OR TOWN (If outside corporate lim write RURAL and give nearest town)	its, c LENGTH OF STAY IN 16	c CITY OR TOWN (if dutside c	orporate limits, write RURAL and giv	
	write RURAL and give nearest town)		NANTE	MOY	1
11	d NAME OF HOSPITAL OR INSTITUTION OF		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
1	a many or	ORIAL			YES NO X
	3. NAME OF DECEASED (Type or print)	irst Middle	Cost 4. D	ATE Manth FEATH MARCH	Day Year
1	S SEX 6. COLOR OR RACE		DATE OF BIRTH	9 AGE (In years IF UNDER	5 , 19 67 1 YEAR   IF UNDER 24 HRS.
J	Female Cancastan	WIDOWED S DIVORCED	8/28/85	last birthday) Months	Doys Hours Min.
	10g JSUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTYPLACE (County & State	, ar fareign cauntry) 12. CI	TIZEN OF WHAT
	during most of working life, even if retired)	INDUSTRY DOMESTIC	CHARLES C	'a MD.	OUNTRY?
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
	ALEXANDER HI	4iSLip	JOSEPHIN	E WILLIA	9 m 5
	15 WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, na, ar upknown) (If yes give war or dates	of service)	FORMANT	Address	4
	IVC	1-00	ISE GOLDE	EN NANJEMO,	1, MD.
	1B. CAUSE OF DEATH (Enter only one co PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE	use per tine for (a), (b), and (c) CARDIU VAS CULAR	COLLA ASE		ONSET AND DEATH
		ETO TOTAL OF THE COLAR	CULLY FOE		
	Conditions, if any, which gave )	(b) CONGESTIVE HE	EART FAIL	VEE	
	rise to immediate couse (a), Stating the underlying cause	10			
	last.		NFARCTIO		
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THI		GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
		BENTERITIS WIT			YES NO
	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Er	nter nature of injury in Port I o	r Part II of dem 1B)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e, PLACE	OF INTROV (Hame form	20f. (City or town) (Car	unity) (State)
	20x TIME OF INJURY Manth, Day, Yeor Hour o.m.	While Nat While factor	OF INJURY (Hame, farm, y, street, affice bldg., etc.)	cor. (city of fown) (cor	unty) (State)
	p://ti	sected) attended the deceased fram 3	May 196	1, to 5 mar , 191	27, that (I) (we) las
	saw the deceased alive an_	5 mar 1967, and that	death accurred at 11 5	M, fram causes and an t	he date stated abave
	220 SIGNATURE	man	ATTENDING MED	22b. D.	ATE SIGNED
	Davy	mason M.D.	PHYS. LJ DIRECT	OR PHYS STAFF	arly
,	22c. PHYSICIAN'S NAME (Type)	arry Mason Mio	Jarwood	Clinic La Pla	ata M 1
	23a BURIAL, CREMAT ON, 23b. DATE TH			LOCATION (City or Town)	(County) (St. 1)
	BREMOVAL (Specify) 3-8	-67 CHICAMUXEA		HICAMUXEN	(County) (State)
	24. FUNERAL DIRECTOR	ADDRESS	250 REC'D BY RE	GISTRAR_ 25b DEGISTRARS S	IGNATURE
	HUNTT FUNGRAL	HOME, WALDORF, M	MAR 9	1967 Janes	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03524 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATES HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Z, and p. PM3. Poge a COUNTY any deloy is a STATE b. COUNTY Maryland CHARLES CHARLES MARYLAND Department b CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) Waldorf Life Waldorf e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS in Item 18. Give Poges 1, Route #301 NO IX pages lond 2 with the sign of haurs ofter death writing the word "pending" in pencil in Item 18. Give Pog rwarded to the Chief Medical Exominer's Office along with 3 NAME OF Middle 4 DATE Last Day DECEASED Catherine V. GRAY DEATH March 19 67 (Type or print) AGE (In years S. SEX 6 COLOR OR RACE B DATE OF BIRTH IE UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Months Days Hours 11/1/66 White Female WIDOWED DIVORCED within 72 hours ofter deoth 10a LSUAL OCCUPAT ON (Give kind of wark done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CT ZEN OF WHAT during most of working life, even 'f retired) INDUSTRY COUNTRY? Calvert County, M.D. more 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Ida Ann Grav James Lewin and Gray 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address WALJORF, mi (Yes, na, ar unknown) (If yes give war or dates of service) JAmes IB CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH event (SDII) Interstitial pneumonitis IMMEDIATE CAUSE (a) This certificate should DHE TO Ony Canditians, if any, which gave (b) nse to immediate couse (a), be forwarded to DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? remayal, PART II OTHER SIGN.F.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION G.VEN IN PART I(a) execute the certificate, YES X NO ST 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW N.LRY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 3 should should PRIMARY [ ] or CONTRIBUTING [ Ö CALISE OF DEATH. MEDICAL 20c. TIME OF INJURY Manth, Doy, Year 20e PLACE OF NJURY (Home, form) 20f (City ar town) (County) (State) Not While Haur a.m. factory, street, office bldg., etc.) at wark at work 21. I certify that I taak charge of the remains described above, held an Autopsy X. Inspect on . Inquiry [ and in my apinian death resulted fram Natural causes XI Accident Suicide Hamicide Undetermined manner the funeral director FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Hea th prior SIGNATURE DEPLITY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. March 3, 1967 NAME (Type) Address (Street, city, town, or county) 230 BUR AL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City\_or Town) 0 REMOVAL (Specify) Boral. 250 REED BY REGISTRAR DATE 24 FUNERAL DIRECTOR **ADDRESS** VR ATSME (5) FUNERAL Home 6M 1/67



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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## MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

00500

FOR STATE	00040	MEDI	AL EXAMINER 3	CERTIFICATE (	JE DEATH	03328
HEALTH DEPT.	1 PLACE OF DEATH		<u>.                                  </u>	2 USUAL RESIDENCE	(Where deceosed I ved, fine	stitution. Residence before admission)
v 6 6 14 4	o. COUNTY		MARYLAND	Waldorf	b	COUNTY
Poger	b CITY OR TOWN (IT outs de	corporate limits	C LENGTH OF STAY N ID			RURAL and give nearest town)
delay and 3 t M3 Pag tment	write RURAL and give ne	egrest lown)		Moldon		s NONAL UNIO GIVE NEOVES! TOWN
P.V.	Allens Fre		Few Hour	115	. I riu	£ /
E a On	d NAME OF HOSP TAL OR IN	ISTITUTION ( I not in hospital giv	e street oddress)	d. STREET ADDRESS		e IS RESIDENCE On a Farm?
es for			<u></u>			YES NO X
death with the State	3 NAME OF	First	Middle	Lost	OF	Month Day Year
Give I	DECEASED (Type or print) W:	illiam Edwar	d Green		OF DEATH 3-3-	1967 19
after alang with #		OR OR RACE / MARRIED 🛣	NEVER MARRIED	8 DATE OF BRTH	9 AGE (In yea	
s al.	Male W-1	US WIDOWED	DIVORCED	12-14-191	.5 Si v	y) Months Doys Hours Min
hin 24 havrs after death 1f criy delay nail in Item 18. Give Pages 1, 2, and 3 niners Office along with form PM3/Papages 1 and 2 with the State Departmenturs after death.	100 JSJAL OCCUPATION (Give k		OF BUSINESS OR	11 BIRTHPLACE (Stot		12 CITIZEN OF WHAT
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	during most of working life, even	if retired) IND	STRY	Washing	gton-DC.	COUNTRY?
n 24 I in ges afte	Mechanic  IS FATHER'S NAME	Dairy	•	14 MOTHER'S MAIDEN	-	USA
within pencil kamine ile page		~		Emma Ty		
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o DEPUT) The funero S may be O FUNERA Health pri	230 BUR A. CREMATION	23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCAT ON (City	or "own) (County) (State)
5 g t ~ 5 H	Burial	3-7-67	Rock Creel	c Camatam	Washir	agton B.C.
	24 FUNERAL D RECTOR	0-1-01	ADDRESS	250 RES	O DV DEC.CIDAD	REI Clayle Judge
VR A15ME (5) 6M 1767	Huntt Funer	al Home, Wald	orf. Md.	DATE	MAR 7 1967	1 0 0

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per Annis

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03526 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY Warvland Charles MARYLAND Charles CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate I mits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 haurs af write RLRAL and give nearest town) Pomfret 4-Davs baplata Md d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? Physicians memorial, Laplata Md YES NO X 3 NAME OF Middle Lost 4. DATE Month Dov Year DECEASED
(Type or print) Arthur 3 - 5 - 67Wilbur Harvey DEATH Wale 6. COLOR OR RACE 9 AGE (In years lost birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. / MARRIED B. DATE OF BIRTH NEVER MARRIED Months Hours white 11-16-1984 WIDOWED DIVORCED 10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired - Farmer SA COUNTRY? Garrett County ad. 13. FATHER-S NAME 14. MOTHER'S MAIDEN NAME Harrietta Ellen Paugh Thomas Harvey IS. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT R D Address (Yes, no or unknown) (If yes give wor or dotes of service) 209-0503494 Mrs. J.C. Myers, Kitzmiller. md. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) terebral temorrhage NTERVAL BETWEEN signed by the burial-transit purial, cremati DUE TO Arterio Sclerosis General Indefinite Conditions, if ony, which gove : rise to immediate couse (a). DHE TO stoting the underlying couse Indefinit Aging process lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? Patient had ome previous stroke about a year ago NO X O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [1] 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg, etc.) Not While While of work ot work Page 4 may be retained by saw the deceased alive on 3-5-1967 19 , and that death accurred at 9-20 M. fram causes and an the date stated above. 22a, SIGNATURE 22b DATE SIGNED DIRECTOR M.D director, page s shauld be filed PHYS. 22d ADDRIS PHYSICIAN'S NAME (Type) James E. Andrews 23c. NAME OF CEMETERY OR CREMATORY Short Run Cem, Mar.8,1967 23d - LOGATION (City or Town) ORIAL, CREMATION, (County) (Stote) 3 EMOVID (Specify) Kitzmiller, Garrett colid. 25h REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR MAR 9 196

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03527 FOR STATE HEALTH DERI PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut an Residence before admission) a. COUNTY a. STATE b. COUNTY CHARLES 큣 Charles MARYLAND b (ITY OR TOWN (If auts de carparote l'mits, La resultat and give nearest town) € LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAs and give nearest town) after ( Pomfret NAME OF HOSP TAL OR INSTITUTION (It not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Del ate De haurs Vsicians Memorial Hospital YES \* NO NAME OF Middie with the Sto within 72 4. DATE DECEASED 0F (Type or print) Ann DEATH S SEX 6 COLOR TR RACE NEVER MARRIED 9, AGE (In years IF UNDER 7 MARRIED 87 birthday) Manths Days HOURS WIDOWED 🛨 DIVORCED event IDo USCA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working fe, even if retired) INDUSTRY COUNTRY ? pages l Charles Co. Md . 5 Domestic HS. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Denci Frank Swann Margaret 17 INFORMANT Swann File 15 WAS DECEASED EVER NUS ARMED FORCES?
(Yes, no. or unknown) (If yes give wor or dates of service 16 SOCIAL SECUR TY NO Address certificate ahauld be executed burial, cremation, or remayal, Ir James W. Thompson, Pomfret, Md No 18 CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Word DUE TO Conditions, if any, which gove rise to immediate couse (a) DUE TO stoting the underlying cause llast. PART II OTHER'S GNIFICANT CONDITIONS ONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) WAS AUTOPS' PERFORMED? NO its designated agent, priar ta 20a EXTERNAL CAUSE WAS DESCRIBE NOW INJURY OCCURRED (Enter noture of injury in Part or Port 1 of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 20e PLACE OF NJURY (Harne, farm, Nat While at wark 21. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from. Natura Causes Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION 125 DATE THEREOF 23d LOCATION (City or Town) (County) Burial (Specify) Pomfret.Charles Co.,Md. March 9 St. Joseph's 24 FLINFRAL DIRECTOR VR ATSME YS Funeral Home Inc., La Plata, 11d 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



OR STATE	AAFAA		CERTIFICATE OF DEATH	03524	
EALTH DEPT	PLACE OF DEATH O COUNTY CHARLES	MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution of STATE b. CO	rut on Residence before admission)	
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8. Give Pages 1,	3 NAME OF First DECEASED (Type or print) LEROY	Middle WINSTON		arch 16, 1967	
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nd ng' n Medical B permit. I	15. WAS DECEASED EVER IN J.S. ARMED FORCES?  (Yes, no, or Junknown) (If yes give wor or dotes of service)  213 42 5234  Aary Madison  Address  Address  Address  Acry Madison  Address				
	18 CAUSE OF DEATH (Enter only one couse per not part I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO	e for (o), (b), and (c))  Drowning		INTERVAL BETWEEN ONSET AND DEATH	
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orte, writing the farwarded ta be used as a buremaval, and in a	PART I OTHER SIGNIFICANT CONDIT DNS CONTRIBUTI	ING TO DEATH BUT NOT RELATED TO 1	THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AJTÖPSY PERFORMED? YES X NO	
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sh fil 33 s	B Hour om Hakaowa	Od INJURY OCCURRED / 20e. P.AI While Not While foct	CE OF IN, URY (Home, form one street office bldg. etc.)  Benedict	(County) (Stote) Charles Md	
Secretary for for id,	21   certify that I took charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my aprilar death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner				
, please al directornes retain	ACTUAL Clinls J. J.	200	M D ASS STANT MED CAL EXAMINER	22. DATE SIGNED	
the funeral director the funeral director 5 may be retained O FUNERAL DIRECT Health prior to bur	EXAMINER'S Charles S. Sp  230 BURIAI (REMATION, 23b DATE THEREOF	ringate, M.D.	The state of the s	March 17, 1967	
	BMOVA STECTY) Mar 20, 196'	7 Ft Lincoln Co	emetery Colmar Mano	r ro Geo Md.	
VR A15ME (5) \ 6M 1/67	F. Gasch's Sons	Hyattsville, Md.	DAMAR 2 3 1967	wares July	



/ 1	tems 18-21 Film 387 3-5 MARYLAND STATE DIVISION OF VITAL PECOPOS 301 W PP	EPARTMENT OF HEALTH STON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	·	'S CERTIFICATE OF DEATH	13525
HEALTH DEPT.	PLACE OF DEATH  o. COUNTY Charles  MARYLANI	2 USUAL RESIDENCE (Where deceased ved, if institution Reco. STATE Maryland b. (OUNTY	sidence before odmission)
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epa "	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d STREET ADDRESS	B IS RES DENCE ON A FARM?
es les larm form	Physicians Memorial Hospital	RT 2 25	YES NO
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ors after 18 Give a lang	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH    Oct. 18, 1901   65 yrs   FUN	DER I YEAR   IF UNDER 24 HRS
State Page	100 USUAL OCCLPATION (G ve kind of work done during most of working life, even if retired)  CHAUFFER  U. S GOUT.		2 CTZEN OF WHAT COUNTRY?
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ould be vard pe ne Chief al-transiting event	18 CAUSE OF DEATH (Enter only one couse per line for ' and '()' PART I. DEATH WAS CAUSED BY- SIGNATURE (AUSE (a) Craniocerebra DUE TO Conditions, if only, which gove inse to immediate couse (a), DUE TO	injury	INTERVAL BETWEEN ONSET AND DEATH
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MIN the the ur fill rot a	20c TME OF NILRY Month, Doy, Yeor 20d INJURY OCCURRED 20e 5:55 pm 3 18 19 67 of work at work 18	PLACE OF INJURY (Home, form, fockery, street, office bldg, etc.)  Faulkner  C	(County) (State) harles Md
se execute ctor Page ctor Page ned for yar ECTOR: Page burial, crem	21. I certify that I taak charge of the remains described obove death resulted from. Natural causes	Suicide 🔲, Hamicide 🔲, Undetermined manner	
	SIGNATURE O Laules / Coly	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MEDICA necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECT Health prior to burn	EXAMINER'S Charles S. Petty	DEPUTY MEDICAL EXAMINER Address (Street, cly, town, or county)	3/20/67
TO D nece the 5 m 10 ftl	230 BURIAL (REMATION, 18th NOVAL (Specify) 3-21-67 ST TGNA 24 FUNERAL DIRECTOR ADDRESS	TIUS CEM. BEL ALTON, C	(County) (State)
VR A15ME (5) 6M 1/67	24 FUNERAL DIRECTOR ADDRESS HUNTT FUNERAL HOME, WALDORF,	MD. DMAR 2 2 1967 PELSTRA	les Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03530 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page of o death. MARYLAND delay 3 b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 outside carparate limits, write RURAL and give negrest town) pub wite RURAL and give neorest tawn) Departi SGAH SGAH d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs ate NO after death. NAME OF First Middle 4 DATE DECEASED within (Type or print) DEATH with S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In veors IF UNDER 1 YEAR IF UNDER Months Doys Hours WIDOWED DIVORCED and 2 event 10o. USUAL OCCUPATION (Give kind of work done TOD. KIND OF BUSINESS OF 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? in any ACB BALLIST Examiner 13 FATHER'S NAME within pencil 14 MOTHER'S MAIDEN NAME ENJAMI File pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT be executed pending" in of Madical ( permit. (Yes, no, or unknown) ((If yes give wor or dates of service) removal. CAUSE OF DEATH (Enter only one couse per line for **burial-transit** PART I. DEATH WAS CAUSED BY Ы IMMEDIATE CAUSE (o) word certificate should crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse last. 0.5 burial 19. WAS AUTOPS)
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Single Confidence of the Confi THE PARTY NAMED IN THE COLLEGE PORT Mr. St. Line ... ... Mr. I was a street of the street of t The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03531 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Charles MARYLAND Maruland Charles The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) (Rural La Plata D.O.A. Tompkinsville papers. hin 22 hor d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON & FARM? .⊑ d. STREET ADDRESS physician and campletely filled en please remove carbon Physicans Memorial Hospital YES NO NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED Rch MES IAMS (Type or print) DEATH 19 S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 9. AGE (In years IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED 9 lost birthdoy) Months Doys White Hours Male February ,191 and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Supervisor-Unaufer INDUSTRY. COUNTRY? Comm. Newport Roads Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, Marcelus Williams the attending p Mattie Penn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addresompkinsville, (Yes, np, or unknown) (If yes give wor or dates of service) Margaret Williams-Wife cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO W28125 Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the priar to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe Health YES -NO F Ę 20o. ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH d, detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. factory, street, office bldg., etc.) Not While 19 ot work of work 21. I certify that (I) (this haspital) attended the degeased fram Manc , 19 (5 /, that (1) (we) last , to\_ and that death accurred of 6.03 M, from couses and on the date stated above. saw the deceased alive an 19 6 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S pe NAME (Type) director, shauld 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) St. Mary's Cemetery Bryantown Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. Charles VR A15 (4) 20 M 1/66 Funeral Home, Inc .- La Plata, Md, DATMAR Arehart

